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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Union Pacific Resources Company	
Address 1000 Louisiana, Suite 3000 Houston, TX 77002	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-10-88 UNLESS AN EXCEPTION TO RULE 1104 IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 26	Well No. 1	Pool Name, Including Formation Wildcat - Devonian	Kind of Lease State, Federal or Fee State	Lease No. V-2174
Location Unit Letter N ; 2310 Feet From The West Line and 330 Feet From The South				
Line of Section 26 Township 10S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main St., #500, Fort Worth, TX 76102
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 26 10S 33E no Undetermined

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest. <input type="checkbox"/>	Diff. Rest. <input type="checkbox"/>
Date Spudded 11/16/87	Date Compl. Ready to Prod. 2/13/88		Total Depth 12,800'		F.B.T.D. 12,722'			
Elevations (DF, RKB, RT, GR, etc.) 4196 GR, 4210' KB	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,646'		Tubing Depth 12,595'			
Perforations 12,646 - 12,678'					Depth Casing Shoe 12,800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		468'		475			
11	8-5/8"		4153'		1600			
7-7/8"	5-1/2"		12,800'		800			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

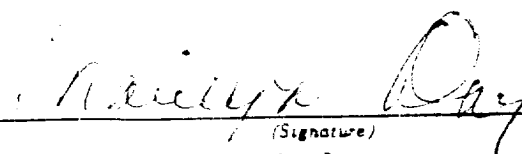
Date First New Oil Run To Tanks 2/13/88	Date of Test 3/15/88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 8 hrs.	Tubing Pressure 160 psig	Casing Pressure 0	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 1306	Water-Bbls. 0	Gas-MCF 11

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Regulatory Analyst
(Title)
March 16, 1988
(Date)

OIL CONSERVATION COMMISSION
MAR 18 1988
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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